

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISF I L E D
IN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVIT

AUG 05 2008

Judy Harrison
Plaintiff

v.

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

CASE NUMBER

08 C 50163

Central Intelligence
CoDefendants
FBI

Defendant(s)

JUDGE

Wherever is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Judy Harrison, declare that I am the plaintiff petitioner movant (other _____) in the above-entitled case. This affidavit constitutes my application to proceed without full prepayment of fees, or in support of my motion for appointment of counsel, or both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Question 2)
I.D. # _____ Name of prison or jail: _____
Do you receive any payment from the institution? Yes No Monthly amount: _____
2. Are you currently employed? Yes No
Monthly salary or wages: 1050.00
Name and address of employer: Disability
 - a. If the answer is "No":
Date of last employment: _____
Monthly salary or wages: _____
Name and address of last employer: _____
 - b. Are you married? Yes No
Spouse's monthly salary or wages: _____
Name and address of employer: Divorced by Brain Washing
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages Yes No
Amount _____ Received by _____

b. Business, profession or other self-employment Yes No
 Amount _____ Received by _____

c. Rent payments, interest or dividends Yes No
 Amount _____ Received by _____

d. Pensions, social security, annuities, life insurance, disability, workers' compensation, unemployment, welfare, alimony or maintenance or child support Yes No
 Amount 1 Received by _____

e. Gifts or inheritances Yes No
 Amount _____ Received by _____

f. Any other sources (state source: _____) Yes No
 Amount _____ Received by _____

4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? Yes No Total amount: _____
 In whose name held: _____ Relationship to you: _____

5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? Yes No
 Property: _____ Current Value: _____
 In whose name held: _____ Relationship to you: _____

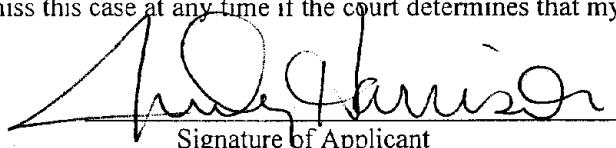
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? Yes No
 Address of property: _____
 Type of property: _____ Current value: _____
 In whose name held: _____ Relationship to you: _____
 Amount of monthly mortgage or loan payments: _____
 Name of person making payments: _____

7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? Yes No
 Property: _____
 Current value: _____
 In whose name held: _____ Relationship to you: _____

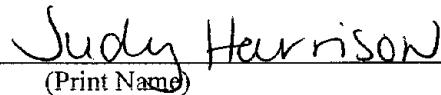
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date:

8/5/2008


Signature of Applicant



(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____. I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____. (Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

Social Security Administration Retirement, Survivors, and Disability Insurance

Important Information

00000887 01 SP 0.420 T002,0725,CPS,PC7,BA

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500

JUDY M HARRISON
4863 LINDEN RD
APT 713
ROCKFORD IL 61109
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Date: July 28, 2008
Claim Number: 324-64-9924A

We are sending you a check for \$1,050.00. This includes benefits due you through June, 2008. After that, you'll get a check each month for \$1,050.00.

When we finish our work on your claim, we will send you a letter explaining your benefit amount. If you should receive more than one check for the same month(s), please let us know right away. We may be paying you too much money.

If we do pay you too much, you may have to pay back the amount of the overpaid check(s) or we may have to hold back some of your future benefits.

If you have any questions, call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please check the local phone directory for the office nearest you. Or call us and we can give you the office address. Please have this letter with you if you call or visit an office. It will help us answer your questions.